

Effective January 1, 2003

1067/058

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
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65	66
67	68
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71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* -
INDEPENDENT CLAIMS	3 minus 3 =	* ✓
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

8, 15'

OTHER THAN
OR SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	770

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State of the applicant:</p> <p>4. Title of the invention:</p> <p>5. Date of filing:</p> <p>6. Name of the inventor:</p> <p>7. Address of the inventor:</p> <p>8. City and State of the inventor:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State of the assignor:</p> <p>12. Name of the agent:</p> <p>13. Address of the agent:</p> <p>14. City and State of the agent:</p> <p>15. Name of the attorney:</p> <p>16. Address of the attorney:</p> <p>17. City and State of the attorney:</p> <p>18. Name of the examiner:</p> <p>19. Address of the examiner:</p> <p>20. City and State of the examiner:</p>		<p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State of the applicant:</p> <p>4. Title of the invention:</p> <p>5. Date of filing:</p> <p>6. Name of the inventor:</p> <p>7. Address of the inventor:</p> <p>8. City and State of the inventor:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State of the assignor:</p> <p>12. Name of the agent:</p> <p>13. Address of the agent:</p> <p>14. City and State of the agent:</p> <p>15. Name of the attorney:</p> <p>16. Address of the attorney:</p> <p>17. City and State of the attorney:</p> <p>18. Name of the examiner:</p> <p>19. Address of the examiner:</p> <p>20. City and State of the examiner:</p>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)	(Column 2)	(Column 3)
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AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.